

BOARD OF CORRECTIONS
600 BERCUT DRIVE
SACRAMENTO, CALIFORNIA 95814-0185

TELEPHONE (916) 445-5073
FACSIMILE (916) 327-3317 OR 322-5036

PHASE I - PLANNING GRANT

MENTALLY ILL OFFENDER CRIME REDUCTION (MIOCR)

For Instructions on completing the Planning Grant - Mentally Ill Offender Crime Reduction - See Attachment A

SECTION I - COUNTY INFORMATION

Date: _____

County: _____

Sheriff or Director, Department of Corrections: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

Contact Person: _____

Title: _____

Department: _____

Address: _____

Telephone: (_____) _____ Facsimile: (_____) _____

E-Mail: _____

SECTION 2 - COST SUMMARY

STATE FUNDING REQUESTED	\$ _____	_____ %
MATCH (NOT REQUIRED - SEE INSTRUCTIONS):		
Hard	\$ _____	_____ %
In Kind	\$ _____	_____ %
Any Other	\$ _____	_____ %
TOTAL	\$ _____	100 %

SECTION 3 - DETAILED BUDGET

	STATE FUNDS	MATCH OR OTHER*	TOTAL
COUNTY STAFF	\$ _____	\$ _____	\$ _____
TRAVEL/PER DIEM	\$ _____	\$ _____	\$ _____
ADMINISTRATIVE OVERHEAD	\$ _____	\$ _____	\$ _____
PROFESSIONAL CONSULTANT SERVICES	\$ _____	\$ _____	\$ _____
OTHER – DESCRIBE ON A SEPARATE ATTACHMENT TO THE APPLICATION	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

*If you are including match funding (optional) - please identify next to dollar amount for each category (H) Hard Match, (I) In Kind, or (O) Other; No such designation is necessary for the TOTAL section in this column.

<p><i>SECTION 4 – MIOCR STRATEGY COMMITTEE</i></p>

<u>NAME</u>	<u>TITLE</u>	<u>ORGANIZATION</u>
_____	SHERIFF OR DIRECTOR, DEPARTMENT OF CORRECTIONS	_____
_____	CHIEF PROBATION OFFICER	_____
_____	LOCAL LAW ENFORCEMENT AGENCY	_____
_____	COUNTY MENTAL HEALTH DIRECTOR	_____
_____	SUPERIOR COURT JUDGE	_____
_____	CLIENT – MENTAL HEALTH TREATMENT FACILITY	_____
_____	REPRESENTATIVES FROM ORGANIZATIONS THAT CAN PROVIDE OR HAVE PROVIDED TREATMENT OR STABILITY INCLUDING INCOME, HOUSING, AND CARETAKING FOR PERSONS WITH MENTAL ILLNESS	_____
_____	OPTIONAL MEMBER	_____
_____	OPTIONAL MEMBER	_____
_____	OPTIONAL MEMBER	_____

If there are additional Strategy Committee members, please attach a separate sheet identifying them by name, title and organization.

***SECTION 5 - ABSTRACT AND
NARRATIVE***

Abstract:

Provide an abstract, limited to one page, summarizing the key points of the planning activities associated with the development of the LOCAL PLAN.

Narrative:

Provide a narrative limited to not more than 10 pages, double spaced (assumes a 12-point font), addressing each of the elements set forth in Attachment A "Instructions for Completing the Planning Grant - Mentally Ill Offender Crime Reduction."

SECTION 6 - BOARD OF SUPERVISORS RESOLUTION

Attach a Board of Supervisors Resolution for the Planning Grant - Mentally Ill Offender Crime Reduction (see Attachment B). The resolution shall contain, at a minimum, the following:

- Identification of the Sheriff or Director, Department of Corrections.
- Authorization of Sheriff or Director, Department of Corrections to sign application for funding as well as grant contract, amendments, and/or extensions.
- Identification of the MIOCR Strategy Committee.
- Assurances that the County will adhere to Board of Corrections requirements and terms of contract in expenditure of grant funds.
- Assurances that final planning products will be developed and provided to BOC in a format determined by the BOC not later than March 10, 1999.
- Assurances that the County will invoice the Board of Corrections for all grant costs not later than June 30, 1999.

